

UTAH INSURANCE DEPARTMENT
BUSINESS ENTITY LICENSE REINSTATEMENT APPLICATION

Agency Name: _____ **Amount Due: \$137.00**

FEIN: _____ **Expiration Date:** _____

Utah License Number: _____

License Type: _____ (Resident / Non-Res. Producer, Adjuster, Limited, Etc)

Use this form to reinstate inactive licenses (until 1 year past date of license expiration or voluntary surrender).

If expired 30 days or fewer, late renewal is still available online at www.sircon.com/utah.

To reinstate your agency license:

1. Print and complete both pages of this form and return with payment (check or credit card authorization) to:

Utah Insurance Department
3110 State Office Building
PO Box 146901
Salt Lake City, UT 84114-6901

2. If you answered “yes” to any background question, please provide documentation requested.

After the agency license is active designees may be added at www.sircon.com/utah

Your reinstated license will be issued and mailed to your current mailing address no later than 30 days after the receipt of your completed reinstatement application and fees.

If you have questions or concerns, please contact our office 8AM--5PM Mountain Time.

Contact person: Joyce Maher 801-538-3857 jmaher@utah.gov Fax #: 801-538-3830

Credit card information:

Card Type: _____ Card Number: _____ Exp. Date _____

Name of Cardholder _____

BACKGROUND INFORMATION --- PLEASE READ CAREFULLY AND ANSWER ACCURATELY:

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of , or is the business entity or any owner, partner, officer or director, member or manager currently charged with committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes_____ No_____

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or conditions involving drinking under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answered yes, you must attach to this application:

- a) a written statement explaining the circumstance of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes_____ No_____

“Involved” means having a license censured, suspended, revoked, cancelled, terminated; or, being assed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied, or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstance of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment

On the lines provided below please update your address and telephone numbers.

Simply indicate no change if you are sure we have your current information.

Business address:

Mailing address:

_____	...Address Line 1...	_____
_____	...Address Line 2...	_____
_____	...City, State, Zip Code	_____
_____	...Phone # / Fax #	_____
_____	...Email address...	_____

I certify that all information I have supplied on this application is complete, true and correct to the best of my knowledge.

Signed: _____ Date: _____